U.S. Department of Labor Office of Labor-Management Standards Washington, DC 2021

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



E PAS DROP	
1. File Number U - 13726	2. Fiscal Year Covered From:
	01/01/2004 Through: 12/31/2004
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name Scott N. SNOW	Name CARPENTERS LOCAL UNION 4725
	Labor Organization File Number 0.6.8 - 88 >
P.O. Box, Bldg., Room No., if any P.O. Box 26.3	P.O. Box, Building and Room Number, if any
Street 221 5. Pine STREET	Street 2151/2 Old R+ 66
City IRving	City LitchField
State Ilinois ZIP Code + 4 62051-0	263 State IIIINOIS ZIP Code + 4 62056-
5. Position in labor organization. Financial Seca	RETARY BUSINESS REPRESENTATIVE
A. Held an interest in, engaged in transactions (including loans) with monetary value from an employer whose employees your organ	ization represents or is actively seeking to represent.
monetary value from an employer whose employees your organ	ization represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.
6. Name and address of Employer (including trade name, if any).	
Name	
Trade Name, if any:	
P.O. Box, Bidg., Room No., if any	
	7.b. Amount.
Street	
City	
State ZIP Code + 4	
	Signature
15. Signature and verification. The undersigned declares, under pena submitted in this report (including the information contained in any accordundersigned's knowledge and belief, true, correct, and complete. (See the	alty of Perjury and other applicable penalties of the law, that all of the information appanying documents), has been examined by the signatory and is, to the best of the the section on penalties in the instructions.)
Signed Sutt 100	on 8/15/05 217-324-2401
	Date Telephone Number

13.b. is the Business an Employer

or Consultant

U.S. Department of Labor Office of Labor-Management Star Hards, Washington, DC 20210

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File Number U . 13 726	2. Fiscal Year Covered From:
	01/01/2004 Through: 12/31/2004
Name and address of person filing.	4. Name, file number, and address of labor organization.
ame Scott N Swo D	Name CARPENTERS LOCAL 725
	Labor Organization File Number 06.8 - 883
O. Box, Bldg., Room No., if any P.O. Box	P.O. Box, Building and Room Number, if any
treet 221 Sours Pine S	TREET Street 2151/2 Old Historic R+ 66
ity Incing	City Litchereld, Illinois
tate Illinois ZIP Code + 4 6	2051-025 State Illinois ZIP Code + 4 62056-2
Position in labor organization.	***************************************
Name and address of Employer (including trade name, if any)). 7.a. Nature of Interest, Transaction, or Income.
Name	Approximate the control of the contr
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	7 b. Amount.
Street	
	Commence of the control of the contr
City	
,	
State ZIP Code + 4	·
State ZIP Code + 4	Signature
15. Signature and verification. The undersigned declares,	under penalty of Perjury and other applicable penalties of the law, that all of the information in any accompanying documents), has been examined by the signatory and is, to the best of the
15. Signature and verification. The undersigned declares, submitted in this report (including the information contained in	under penalty of Perjury and other applicable penalties of the law, that all of the information in any accompanying documents), has been examined by the signatory and is, to the best of the

14.b. Amount of payment.

13.b. is the Business an Employer

or Consultant

ಟ.S. Department of Labor Office of Labor-Managem∈nt Standards Washington, DC 20210 , , , ,

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	For Official Use Only
	S DOL ES
F	(AU6222005)
E	Q B .
	MS DAY

E 4 (Al6222005)	ET BET ONE PREPARING THIS KEPOKT.
1. File Number U - 13.72.6	2. Fiscal Year Covered From: Ol / Ol / 2004 Through: 12 /31 /2004
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name Scott N. SNED	Name Engentees Local Union #725 Labor Organization File Number 068-882
P.O. Box, Bldg., Room No., if any 8.0. Box 263	P.O. Box, Building and Room Number, if any
Street 221 South Pine ST	Street 21512 Old HISTORIC A+66
City Irving	City LITCHFIELD
State ZIP Code + 4 6.705/-026	State Illinois ZIP Code + 46 2056 - 2625
5. Position in labor organization. Francial Secre	ney Business Reparsentintive
	usions set forth in the instructions):
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizati	derived income or other economic benefit of ion represents or is actively seeking to represent.
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	7.b. Arnount.
Street	
City	A MANUFACTURE OF THE ACTION OF
State ZIP Code + 4	
Sigr	nature
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true, correct, and complete. (See the se	ying documents), has been examined by the signatory and is, to the best of the

Telephone Number

Name of Person Filing Scott M. Snow	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any). Name	9. Business deals with:	
Trade Name, if any:	a. Labor Organization b. Trust	
P.O. Box, Bldg., Room No., if any	c. Employer	
Street		
State ZIP Code + 4		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name :		
Trade Name, if any: P.O. Box, Bldg., Room No., if any		
Street:	Lancard Control of the Control of th	
City	Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.	
State ZIP Code + 4	Tractice of interest more of interest to be a second of the second of th	
	12.b. Amount.	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name Becker + GALARTI, P.C.	GIFT PACKAGE OF STEAKS	
Trade Name, if any:	FOR Chrisimas	
P.O. Box, Bldg., Room No., if any P.O. Box 488		
Street 3673 Highway 111		
City G-RANITE CITY State III, NOIS ZIP Code + 4 62040 -		
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.	
	\$48.46	

U.S. Department of Labor Office of Labor-Management Ståndards Washington, DC 20210

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F	or Official Use Only
	US DOLE
E	(ALE 22205)
	DROP .

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

E (1622 2005)	
1. File Number U	2. Fiscal Year Covered From:
13726	1 / 1 / 2004 Through: 12/31/2004
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name Scott N. Snow	Name CARPENTERS LOCAL UNION #725
	Labor Organization File Number 068-882
P.O. Box, Bldg., Room No., if any P.O. Box 263	P.O. Box, Building and Room Number, if any
Street 221 S. Pine ST.	Street 215 1/2 Old HISTORIC R4 66
City TRUING	City LitchField
State Illinois ZIP Code + 4 62051-02	263 State I// NOIS ZIP Code + 46 2056-
5. Position in labor organization. Financial Secret	
A. Held an interest in, engaged in transactions (including loans) with, monetary value from an employer whose employees your organization.	zation represents or is actively seeking to represent.
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	7.b. Amount.
City	
State ZIP Code + 4	
	Signature
15. Signature and verification. The undersigned declares, under penalt submitted in this report (including the information contained in any accompundersigned's knowledge and belief, true, correct, and complete. (See the	ty of Perjury and other applicable penalties of the law, that all of the information panying documents), has been examined by the signatory and is, to the best of the section on penalties in the instructions.)
Signed Sunt S	On 8/15/05 2/7-324-240/

Telephone Number

Name of Person Filing Scott N Snow	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any). Name TRUST FULL ACUSORS	9. Business deals with:	
P.O. Box, Bldg., Room No., if any Suite 1110 Street 2001 Butterfield Road	a. Labor Organization b. Trust c. Employer	
City Downers Grove State III mois ZIP Code + 4 60515-1050		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name CARPENTERS PENSION FINIL OF Illinois Trade Name, if any:	INVESTMENT CONSULTANT / Advisor	
E. V. Line 1 of State and		
P.O. Box-Bldg., Room-No., if any P.O. Box 79		
Street 28 NOR+h FIRST ST.	11.b. Approximate dollar value of such dealing. N/A	
City Geneva	12.a. Nature of interest held or income received.	
State I//1 Nois ZIP Code + 4 60/34-	DINNER PROVIDED by TFA REPRESENTATIVE DO DISCUSS INVESTMENT PERFORMANCE 12.b. Amount \$50.58	
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State ZIP Code - 4		
13.b. is the Business an Employer or Consultant?	14.b. Amount of payment.	

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	726	2. Fiscal Year Covered From:
		01/01/2004 Through: 12/31/2004
Name and address of p	*	4. Name, file number, and address of labor organization.
Name Scorr	NSNOW	Name CARPENTERS LOCAL 725
		Labor Organization File Number 068-882
² .O. Box, Bldg., Room N	o., if any P.O. Box 263	P.O. Box, Building and Room Number, if any
Street 72 1 3	South PINE STEEF	Street 215'12 Old HISTORIC At 66
City IRUING		City Litchereld
State Illinoi	3 ZIP Code - 4 62051-4	2263 State
. Position in labor organiz		CRETARY BUSINESS REPRESENTATIVE
. Name and address of E	Employer finckyding trade game, if anyl	7,a, Nature of Interest, Transaction, or Income.
Name	Shiptoyer (incoding trace frame, ir any).	The state of the s
Name Trade Name, if any:	The second of th	The state of the s
Trade Name, if any:		The state of the s
	No., if any	The state of the s
Trade Name, if any:		
Trade Name, if any: P.O. Box, Bldg., Room I	No., if any	
Trade Name, if any: P.O. Box, Bldg., Room !	No., if any	
Trade Name, if any: P.O. Box, Bldg., Room I	No., if any	
Trade Name, if any: P.O. Box, Bldg., Room I	No., if any	
Trade Name, if any: P.O. Box, Bldg., Room I Street City State 15. Signature and ver submitted in this recon	No., if any ZIP Code + 4 rification. The undersigned declares, under pen	7.b. Amount. Signature nalty of Penjury and other applicable penalties of the law, that all of the information ompanying documents), has been examined by the signatory and is, to the best of the
Trade Name, if any: P.O. Box, Bldg., Room I Street City State 15. Signature and versupmitted in this recon	No., if any ZIP Code + 4 rification. The undersigned declares, under pen	7.b. Amount. Signature nalty of Penjury and other applicable penalties of the law, that all of the information ompanying documents), has been examined by the signatory and is, to the best of the

lame of Person Filing Scott 11/ Snoc	File Number U-
. Held an interest in or derived income or economic benefit with monetary vubstantial part of which consists of buying from, selling or leasing to, or other fan employer whose employees your labor organization represents or is accept any part of which consists of buying from or selling or leasing directly or in ealing with your labor organization or with a trust in which your labor organization.	erwise dealing with the business ctively seeking to represent, or indirectly to, or otherwise
. Name and address of Business (including trade name, if any).	9. Business deals with:
Name Brum, Sigmon, Avenbacks Newman	
Trade Name, it any:	
P.O. Box, Bldg., Room No., if any Sure 2200	b. Trust
Street 200 West Adams	J Employer
City Chicago	100 - 100 -
State Illinois ZIP Code + 4 60606 5231	
10. If 9.b. or 9.c. is checked give trust or employer's name CARPENTICES WEFFARE Find OF III Name CARPENTIAS PENSION FUND OF IIIIN CARPENTIAS RETIREMENT SAVINGS Trade Name, if any: Fund OF IIIINOIS P.O. BOX, Bidg., Room-No., if any P.O. BOX 791 Street 28 NORTH FIRST STREET City General State IIIINOIS ZIP Code +4 6 0134	11.b. Approximate collar value of such dealing. N 12.a. Nature of interest held or income received.
0791	Provided lunch to Trustons AT Special educational Seminar 12.b. Amount 2500
C. Received from any employer (other than an employer covered u.	inder parts A and B above)
or from any labor relations consultant to an employer any payment of mor	· · · · · · · · · · · · · · · · · · ·
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
Trade Name, if any:	\ \frac{1}{2}
P.O. Box, Bldg., Room No., if any	·- ;
Street	
City -	******
State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

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-/	
. File Number U - 13 526	2. Fiscal Year Covered From:
	01 / 01 / 2004 Through: 12 /31 / 2004
. Name and address of person filling.	4. Name, file number, and address of labor organization.
Name Scott N. Snow	Name CARPENTERS LOCAL UNION 725
	Labor Organization File Number 068 -882
P.O. Box, Bidg., Room No., if any P.O. Box 263	P.O. Box, Building and Room Number, if any
Street 221 South Pine STREC	T Street 2151/2 014 HISTORIC P+66
City Irving	City Litch Field
State Illinois ZIP Code + 4 62051-6	0263 State Illinois ZIP Code + 462056-26
A. Held an interest in, engaged in transactions (including loans) wi	
monetary value from an employer whose employees your orga 6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
, reaging and address of Employer (moduling trade frame, if any).	A A A A A A A A A A A A A A A A A A A
Name	may
Trace Name, if any:	
P.O. Box, Bldg., Room No., if any	1
	7.b. Amount.
Street	1 sections
and the second s	And the second s
City	and a definition of the state o
City State ZIP Code + 4	
	Signature
State ZIP Code + 4 15. Signature and verification. The undersigned declares, under per	nalty of Perjury and other applicable penalties of the law, that all of the information ompanying documents), has been examined by the signatory and is, to the best of the
State Z{P Code + 4 15. Signature and verification. The undersigned declares, under per submitted in this report (including the information contained in any account in the information contained in the information contained in any account in the information contained in the information con	nalty of Perjury and other applicable penalties of the law, that all of the information ompanying documents), has been examined by the signatory and is, to the best of the

Name of Person Filing Scott N Swa)	File Number U-
B. Held an interest in or derived income or economic berlefit with monetary valuables and the which consists of buying from, selling or leasing to, or otherwork an employer whose employees your labor organization represents or is actively any part of which consists of buying from or selling or leasing directly or ind dealing with your labor organization or with a trust in which your labor organization.	vise dealing with the business ely seeking to represent, or irectly to, or otherwise
B. Name and address of Business (including trade name, if any). CARPENTES RETIREMENT STRUMES OF II Name CARPENTERS WEIFARE FUNDOF II Trade Name, if any: P.O. Box, Bldg., Room No., if any P.O. Box 791 Street 28 NORTH FIRST STREET City Genera State IIIINOIS ZIP Code + 4 60134	9. Business deals with: a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name CARPENTERS RETINEMENT SAVINGS OF I Name CARPENTERS PENSION FUND OF II Trade Name, if any: P.O. Bex, Bldg:, Room-No.; if any—P.O. Box 79-1	11.a. Nature of such dealing. Benefit Funds
Street 28 Nonth F1257 Street City Geneva State Illinois ZIP Code + 4 60134 -	11.b. Approximate dollar value of such dealing. N/A 12.a. Nature of interest held or income received. Reimburse menut For expenses + providing meals AT BOARD DF TRUSTER MEETINGS And.
	OF TRUSTER MEETINGS AND. Special Committee meetings 12.b. Amount \$ 1,19182
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of mone	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bidg., Room No., if any	
Street	
City	
State ZIP Code + 4	·
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.